PATENT APPLICATION	SERIAL	NO
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U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

09/02/2003 AIBRAHIN 00000002 501038 10601090

01 FC:1001 7: 02 FC:1202 6: 03 FC:1201 3:

750.00 DA 684.00 DA 336.00 DA

PTO-1556 (5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10601090

		01.4555	·	D4 == -								
			S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			58					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS 5 8 minus 20			us 20=	* 2	38		X\$ 9=		OR	X\$18=	684.00	
INDEPENDENT CLAIMS			7 min	7 minus 3 = *		4		X42=		OR	X84=	32/.m
MULTIPLE DEPENDENT CLAIM PRESENT							1140		1 1	1,200	100 Pun	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		+140=		OR	+280=	カマハ
							TOTAL		OR	TOTAL	[/d/)	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL I		
		CLAIMS	سيي	HIGH		(55,4,1,1,1,5)				ן ו		
ENT A		REMAINING AFTER AMENDMENT		NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
1ME	Independent	*	Minus	***		=		X42≃		OR	X84=	
	FIRST PRESE	NTATION OF MI	ULTIPLE DEI	PENDENT	CLAIM			+140=			+280=	
								+14U= TOTAL		OR	+280= TOTAL	<u></u>
							,	ADDIT. FEE		OR	ADDIT. FEE	L
_		(Column 1)		(Colur		(Column 3)	1 -			, ,		
<u>а</u>		CLAIMS REMAINING		HIGH NUM	BER	PRESENT		DATE	ADDI-		DATE	ADDI-
ENT		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=	
								+140= TOTAL		OR	+280= TOTAL	
							,	ADDIT. FEE	L	OR	ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
ပ		CLAIMS REMAINING		HIGH NUM		PRESENT			ADDI-			ADDI-
IN.		AFTER AMENDMENT		PREVIO	OUSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18≈	,
	Independent	*	Minus	***		=]	X42=		1	X84=	ļ
$\mathbb{L}^{\!$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	,,,,,,,		OR		 	
	If all 2	and to the	ha		. "0" :	de maria		+140=		OR	+280≈	
**	If the "Highest Nu	mn 1 is less than t imber Previously P	aid For" IN TH	IS SPACE	is less tha	an 20, enter "20."	."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
"	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											